

Request for Allocation

Issued under authority of the Federal Deficit Reduction Act of 1984 and executive Order 1984-11 effective September 1, 1984.
You must file this form to apply for allocation against the state ceiling.

MUST BE TYPED OR PRINTED LEGIBLY.

Name of Issuer		County	Year in Which the Bond Will Be Issued
This Request for Allocation is a: <input type="checkbox"/> New Request <input type="checkbox"/> Amendment to Original Request or Previously Granted Request <input type="checkbox"/> Extension Request			
Principal Amount of Issue	If Refund Issued, By What Amount Will Principal Issue Exceed Obligation to be Refunded?		Type of Facility
Description of the Facility to be Financed			
Owner of the Facility to be Financed (if known)		Principal users of the Facility (if known)	
Name of Law Firm Issuing Tax Exempt Opinion		Legal Counsel Name	
Law Firm Address			Telephone Number
Has any previous request been made on behalf of the issuer for the issue? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, indicate year _____ sequence number _____			
Please attach a copy of each of the following: a. An inducement resolution or other comparable preliminary approval AND b. A written commitment by an investor or underwriter to purchase the bonds.			
Are these bonds to be sold at public sale? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please attach a copy of the proposed notice of sale.		Have all preliminary proceedings to the publication of the notice of sale been completed? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Are UDAG grants involved in the transaction? <input type="checkbox"/> No <input type="checkbox"/> Yes Filing Deadline: _____		Have TEFRA Hearings been held? <input type="checkbox"/> No <input type="checkbox"/> Yes Date: _____	
Are you required to get an allocation under current statutes? <input type="checkbox"/> No <input type="checkbox"/> Yes If no, is this application for: <input type="checkbox"/> a section 501(c)(3) bond? <input type="checkbox"/> a housing bond? <input type="checkbox"/> an other type of bond? Please specify. _____			
Will a portion of the bond proceeds be used to fund a debt service reserve? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please indicate amount and demonstrate that no reasonable alternative to assure debt service payment is available or desirable.			
<i>I hereby certify that the above information is correct and that I have not made or received any bribe, gift, gratuity or direct or indirect contribution to any political campaign for consideration by the State Treasurer of the allocation request or of the issuer of a request to induce a project and seek allocation.</i>			
<i>I understand that a change in the facility to be financed, in the issuer, in the year for which the allocation is sought or in the matter certified by the issuer shall invalidate the request until an amended request is filed with and approved by the Department of Treasury and shall invalidate any allocation to the extent of the change.</i>			
Signature		Type Name and Title	Date
Municipal Address			Telephone Number
INTERNAL USE ONLY		Sequence Number	Date Received